



Town of Islip Building Division
1 Manitton Court, Islip, NY 11751

Elevator Application

Please File 4 Copies
Application Must Be Typewritten
Elevator Plans Must be Signed and Sealed
by a New York State Licensed Design Professional

Internal Use

Apply Permit

Sticker Here

1 Filing Status

- ☐ New Building application number:
☐ New Installation ☐ Alteration
☐ Replacement/Modification
☐ Dismantle ☐ Remove
☐ Select one: ☐ BEC application number:
or ☐ No BEC filing required

2 Location Information

Hamlet
Address
Section: Block: Lot:
Occupancy Group of Building
Construction Type of Building

3 Applicant Information (Elevator Device Manufacturer/Installer)

Name
Title License Number
Business Name
Address
City
State ZIP Phone

4 Owner Information

Name
Title
Business Name
Address
City
State ZIP Phone

5 Device Identification

Elevator Plan Numbers	Elevator Plan Numbers	Elevator Plan Numbers

Appliance Design Standards

BCNYS - Chapter 30 Elevator
ICC/ANSI A117.1 2003
ASME A17.1 - 2004 w/ Addenda 9 - 2005

Device Type:

- ☐ Passenger ☐ Escalator ☐ Manlift ☐ Dumbwaiter ☐ Wheelchair Lift ☐ Other
☐ Freight ☐ Sidewalk ☐ Moving Walk ☐ Amusement-Permanent ☐ Private Residential Elevator ☐ LU/LA

6 Description of Hoistway - Submit Applicable Information

- ☐ Fire Rating ☐ 1 Hour ☐ 2 Hour ☐ Other
☐ Pressurized and Required Venting Per BCNYS and FCNYS
☐ Material and Size of Hoistway
☐ Car Rail Loads and Certify Structural Support of Building
☐ Impact Loads BCNYS Section 1607.8.1 and Supports Designed to Code
☐ Spacing/Type of Rail Support Connectors Shown on Plans

7 General Information

Types of Motive Power:
Elevator Motor ☐ AC ☐ DC Main Supply ☐ AC ☐ DC
Travel from Floor : to Floor:
Total travel: feet. Number of Stops:
Capacity: lbs. Speed: F.P.M.
Elevator Control:
☐ Resistance ☐ Multi-Voltage
☐ Generator Field Control ☐ Solid State
Mode of Operation: ☐ Automatic P.B. ☐ Constant Pressure
Hoistway: ☐ New ☐ Old
☐ BCNYS Section 3001.3 HC Access
☐ Fire Emergency Service Phase I & II
☐ Car Emergency Communication Type:

8 Cars and Counterweight

Car Inside Dimensions: feet in by feet in
Car Inside Area: sq. feet
Car Safety Type:
☐ Instantaneous ☐ Flexible Guide ☐ Gradual WC
Counterweight Safety Type:
☐ Instantaneous ☐ Flexible Guide ☐ Gradual WC
☐ Top Emergency Exit: Min Area sq. in Min Side in
Car Opening: ☐ Emergency Release Switch
☐ Door ☐ Gate
Operation: ☐ Manual ☐ Power
☐ Contact Type Manufacturer
☐ Sized for Ambulance Stretcher BCNYS Section 3002.4
☐ Cable Equalizer Type: Manuf:

9 Hoistway Opening			
Door	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical	<input type="checkbox"/> Swing
<input type="checkbox"/> Fire Rated Construction Type of Door			
Operation <input type="checkbox"/> Manual			
<input type="checkbox"/> Self Closing			
<input type="checkbox"/> Vision Panel with Grilles			
<input type="checkbox"/> Interlocks			
Type			
Number of Openings:			
Front			
Rear			
<input type="checkbox"/> Self Closing Emergency Doors In Blind Hoistway			
<input type="checkbox"/> Interlock in Blind Hoistway			

10 Pit and Buffers (Emergency Stop Switch Req)				
Car Buffer:				
Engagement Speed	F.P.M.	Stroke	feet	in
Manufacturer				
Type: <input type="checkbox"/> Spring <input type="checkbox"/> Oil				
Counterweight Buffer:				
Engagement Speed	F.P.M.	Stroke	feet	in
Manufacturer				
Type: <input type="checkbox"/> Spring <input type="checkbox"/> Oil				
<input type="checkbox"/> Compensation Chain		Length		ft
<input type="checkbox"/> Compensation Rope		Length		ft
Counterweight Screen Guard		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Occupied Space Below Pit		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

11 Machine and Machine Room						
Location of Machine				Manufacturer		
Machine Type:	OH Worm Gear Traction	Bsmnt Worm Gear Traction	Gearless Traction	Oil Hydraulic	Drum	Drum w/ Slack Cable Switch
	Quantity	Size	Ultimate Strength	Material		
Hoist Ropes				Iron	Steel	Ultrastrength Steel
Car Counterweight Ropes				Iron	Steel	Ultrastrength Steel
Machine Counterweight Ropes				Iron	Steel	Ultrastrength Steel
Car Governor Ropes				Iron	Steel	
Counterweight Governor Ropes				Iron	Steel	
Car Governor	Location:		Tripping Speed	F.P.M.		
Counterweight Governor	Location:		Tripping Speed	F.P.M.		
Machine Room Fire Rating			Hour/s	Ventilation Provided		Type:

12 Fee Information	
Estimated Cost:	

The following information FOR EACH ELEVATOR to be installed or altered--MUST BE CLEARLY SHOWN ON THE DRAWINGS filed with this application.

(A.) For identification, all elevators in this building must be numbered from 1 up, on the drawings: "Elevator No. 1" "Elevator No. 2," etc. (B.) Location (in the building) of elevator and elevator machinery. (C.) Floors between which the elevator travels. (D.) Total length of travel in feet and inches. (E.) Location of all entrances to shaft and car. (F.) Dimensions of elevator shaft in feet and inches. (G.) Inside dimensions of car in feet and inches. (H.) Normal carrying capacity of each car. (I.) Maximum carrying capacity of each car. (J.) Rate of travel in feet per minute. (K.) Estimated weight of: (1) car-platform; (2) enclosure; (3) car sling and safety; (4) weights of major miscellaneous parts; (5) total weight of car and each set of counter-weights; (6) total weight of the machine. (L.) Diameters of all: (1) drums; (2) sheaves over which the hoisting and counter-weight ropes pass. (M.) Shapes and sizes of car-sling members. (N.) Shapes, sizes, and location of all machine and sheave beams with reaction shown in pounds. (O.) Shapes, sizes, design of buffers and supports for the same. (These may be designated by types or names of buffers approved and recorded in this department.) (P.) If hydraulic elevator, state: (1) hydrostatic pressure to be used--and when reduction of pressure is made, show method of reduction; (2) diameters of piston rods and cylinders, and thickness of cylinder walls. Submit design of pressure tanks. (Q.) If electric motor is used, state whether alternating or direct-current and the voltage. (R.) In all cases where loads are given, they must be actual live and dead loads. In determining the strength of members, these live loads shall be double for impact. (S.) In making any alteration a statement must be filed giving the nature of the alteration, and that part, in any, of the present equipment are to be retained. (T.) Show all run by clearances. (U.) Show or note size of refuge space.

Building Department will indicate on this application when approved, a number for each elevator,--which no. (reading "Elevator No. ") must be posted on the inside of the car in a conspicuous place, before a test certificate will be issued; and must be kept posted at all times thereafter for purpose of identification by the Building Department in connection with subsequent applications and inspections. After a number has been once assigned to an elevator, this number must be stated on all subsequent applications affecting that elevator.

Provide professional affidavit certification.
State below the exact nature of alterations.